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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number Application Number 10/567,835 2/8/2006 Filing Date Jan Boris Rudkowski Firet Named Inventor **POWER OF ATTORNEY** Device for the uv treatment AND Title of lowing fluids CORRESPONDENCE ADDRESS Art Unit INDICATION FORM 2881 Examiner Name Hanway Chang Attorney Docket Number TTFU-PWFD105US I hereby revoke all previous powers of attorney given in the above-identified application. i hereby appoint Practitioners associated with the Customer Number: 23122 OR Practitioner(s) named below: Registration Number Name as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please recognize or change the correspondence address for the above-identified application to: ☑ The address associated with the above-mentioned Customer Number OR ☐ The address associated with Customer Number: Firm or Individual Name Address City Zip State Country Email Telephone I am the: ☐ Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3/73(b) is enclosed. (Form PTO/SB/96) URE of Applicant or Assignee of Record SIGNAT 7017.68.04 Date Signature Telephone Name Wedecb AG Title and Company NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. forms are submitted. *Total of

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